

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL SECRET
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP	
TO	NAME AND ADDRESS INITIALS DATE
1	Special Asst to DCI for
2	Planning & Coordination
3	Att: [REDACTED]
4	Room No.
5	
6	
ACTION	DIRECT REPLY PREPARE REPLY
APPROVAL	DISPATCH RECOMMENDATION
COMMENT	FILE RETURN
CONCURRENCE	INFORMATION SIGNATURE
Remarks:	
<p><i>Jim: -</i> <i>In accordance with your request. Please call me if you need additional info. Attached are views of OCI Requirements Branch.</i> <i>SD</i></p>	
FOLD HERE TO RETURN TO SENDER	
FROM: NAME, ADDRESS AND PHONE NO.	DATE
[REDACTED] OCI	7/26/22
CONFIDENTIAL	SECRET

25X1A9a

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FORM NO. 237
1 APR 55Replaces Form 30-4
which may be used.(40)
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